



Instructor Name: \_\_\_\_\_

Class name: \_\_\_\_\_

Class location: \_\_\_\_\_

Sign and Date: \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_  
*Student's Name* *Class Number*

From \_\_\_\_\_  
*Student's Name* *Class Number*

\_\_\_\_\_ From \_\_\_\_\_  
*Student's Name* *Class Number*

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Class Number

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Class Number

Student's Name \_\_\_\_\_ From \_\_\_\_\_  
Class Number \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_  
*Student's Name* *Class Number*

\_\_\_\_\_From\_\_\_\_\_

*Student's Name* *Class Number*

\_\_\_\_\_ From \_\_\_\_\_  
*Student's Name* *Class Number*

\_\_\_\_\_ From \_\_\_\_\_  
*Student's Name* *Class Number*

\_\_\_\_\_  
Student's Name

From \_\_\_\_\_  
Class Number

\_\_\_\_\_ From \_\_\_\_\_  
*Student's Name* *Class Number*

\_\_\_\_\_ Refund all students? **Yes No**  
*Class Number* (Circle One)

\_\_\_\_\_ Refund all students? **Yes No**  
*Class Number* (Circle One)

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*Class Number* (Circle One)

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*Class Number* (Circle One)

**For Office Use Only**

**Staff Completing Transaction** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

Email form to: [recreation@newportbeachca.gov](mailto:recreation@newportbeachca.gov)

**OR FAX form to (949) 644-3155**

Cancellation form needs to be submitted 3 business days prior to the class starting

Be sure all participants are notified regarding the class cancellation.